

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	Sd		
<b>FORMALITY REVIEW</b>	H-S	825	7/19/01
<b>RESPONSE FORMALITY REVIEW</b>			11:27:01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	6/13/01
1 ✓	161 ✓ ✓
2	158
3	153
4	154
5	155
6	156
7	157
8	158
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45	195
46	196
47	197
48	198
49	199
50 ✓ ✓	200 ✓ ✓

TAP 1110

147-0

Claim	Date
Final Original	6/13/01
51 ✓ ✓	201 ✓ ✓
52	202
53	203
54	204
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56	206
57	207
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62	212
63	213
64	214
65	215
66	216
67	217
68	218
69	219
70	220
71	221
72	222
73	223
74	224
75	225   ✓
76	226   =
77	227   =
78	228   =
79	229   =
80	230   ✓
81	231   =
82	232   =
83	233   =
84	234   =
85	235   =
86	236   =
87	237   ✓
88	238   0
89	239   0
90	240   0
91	241   ✓
92	242   0
93	243   0
94	244   0
95	245   0
96	246   0
97	247   0
98	248   0
99	249   0
100 ✓ ✓	250 ✓ ✓

Claim	Date
Final Original	6/13/01
101 ✓ ✓	251 ✓ ✓
102	252   ✓
103	253   ✓
104	254   ✓
105	255   ✓
106	256   ✓
107	257   ✓
108	258   ✓
109	259   ✓
110	260   ✓
111	261   ✓
112	262   ✓
113	263   ✓
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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
09-19-01